



This newsletter contains information compiled by the AGR Office that is of general interest to all Active Guard Reserve (AGR) military personnel. The information contained herein is derived from such sources as the National Guard Bureau (NGB), Military Personnel Office (MILPO), Military Pay Office (MILPAY), and Human Resources Office (HRO) as it pertains to full-time National Guard employment. The distribution of this newsletter is being expanded to include the air community and the term soldier will be replaced with military personnel when appropriate in an effort to include the entire AZNG community.

WELCOME ABOARD

We welcome these new military personnel who entered the AGR program in the months of August, September and October.

Amy Guard

1LT John Morelos, WAATS, eff 16 Oct 00
 CW4 Michael Ostermeyer, WAATS, eff 28 Aug 00
 CW4 Richard Schiffl, WAATS, eff 15 Sep 00
 SFC Charles Danner, Det 4 STARC, eff 17 Oct 00
 SSG Joseph Jakubowski, 91st CST, eff 24 Aug 00
 SSG Raymond Way, HHS 2/180th FA, eff 22 Sep 00
 SGT Frank Insalaco, 91st CST, eff 25 Sep 00
 SGT Frank Rutledge, 91st CST, eff 15 Sep 00
 SPC Tracy Garr, HHB 153rd FA Bde, eff 2 Oct 00
 SPC Jessica Kiddoo, 385th Atk Reg, eff 25 Sep 00

Air Guard

MAJ Terrence Stiff, 162 FW
 MSG Debra Roberts, 162 FW
 TSG Regina Donaldson, 161 FW
 TSG Michael Perry, 162 FW
 SSG Gary Battles, 161 ARW
 A1C Amy Pool, 162 FW

Retirement

CW5 Cletus McMurtry, WAATS, ret 30 Nov 00

SSG Arthur Rivas, Det 1 2222 ret 30 Nov 00

RESIGNATIONS

MAJ Harold Jones, HQ STARC, eff 4 Nov 00,

SGT Matt Martin, Det 4 STARC, resign eff 30 Sep 00

**COLONEL RICHARD PALMATIER
 OUR AGR MANAGER RECEIVED
 HIS FEDERAL RECOGNITION ON
 6 OCT!**

Congratulations

INFLUENZA VACCINE DELAYS

American Forces Press Service

WASHINGTON, Oct. 5, 2000 -- Delivery delays of the 2000-2001 influenza vaccine throughout the United States have activated a priority

immunization program in DoD and the Coast Guard. DoD officials said the delay stems from two factors -- a slow-growing component of this year's vaccine formulation and production problems at two of the four pharmaceutical companies that produce flu vaccine.

The Joint Preventive Medicine Policy Group under the assistant secretary of defense for health affairs developed the plan, which balances military readiness with the responsibility to protect DoD's most vulnerable populations. Officials said DoD and the Coast Guard will delay organized flu vaccination campaigns until early to mid-November, pending receipt of adequate vaccine supplies.

Currently, available supplies will be administered first to operational military personnel, health-care workers with direct patient contact, and active duty and nonactive duty Defense Enrollment Eligibility Reporting System enrollees who have high-risk medical conditions. To the extent possible, these groups will be done simultaneously. Next in order of priority will be military trainees, groups in close contact with high-risk persons, all other military members in priority for deployment, other active duty members and mission-critical DoD civilians at overseas facilities, and all other beneficiaries.

DoD used about 2.8 million doses of flu vaccine last year to immunize all its beneficiaries, officials estimated.

For vaccination details, visit the TRICARE Web site at www.tricare.osd.mil. For information about the vaccine delay, visit the Centers for Disease Control Web Site at www.cdc.gov. For information about influenza, visit www.cdc.gov/ncidod/diseases/flu/fluvirus.htm

Flu vaccination priority order is:

1. Forward deployed forces in high-risk areas such as Southwest Asia, Korea, Bosnia and Kosovo.

2. Ship crews under way for two or more weeks, including pre-deployment under way workup periods.

3. Special duty personnel who regularly transit multiple geographic areas or otherwise pose particular operational and epidemiologic risks, such as airlift aircrews and those who are deployed aboard a ship under way. This may include pre-deployment under way workup periods.

4. Forces on 24-hour alert status.

5. Military, civilian and volunteer health-care workers with direct patient contact.

6. Defense Enrollment Eligibility Reporting System enrollees, whether or not on active duty, with true high-risk medical conditions including:

- o Persons over 65 years of age enrolled in TRICARE Senior Prime at an MTF, or who otherwise receive the majority of their medical care at the MTF through an identified primary care manager or ongoing patient-provider relationship.

- o Adults and children with chronic disorders of the pulmonary or cardiovascular system, including asthma.

- o Adults and children who have required regular medical follow-up or hospitalization during the preceding year for chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).

- o Residents of long term care facilities (where applicable).

- o Women who will be in the second or third trimester of pregnancy during the influenza season. Pregnant women who have medical conditions that increase their risk for complications from influenza should be vaccinated, regardless

of the stage of pregnancy.

- o Children ages 6 Months To 18 years who are receiving long-term aspirin therapy, and therefore might be at risk for developing Reye's syndrome after influenza infection.

7. Trainee populations, including basic and advanced trainees, academy students and officer trainees.

8. Other groups in close contact with high-risk persons, such as employees in long-term care facilities, household members (age 6 months and older) of high-risk patients, and military training instructors.

9. All other military members in priority for deployment.

10. Other active-duty members (including Guard and Reserve on active status) and mission-critical DoD civilians at overseas facilities up to age 64.

11. All Other Beneficiaries up to age 64.

<http://www.defenselink.mil/news/#News>



**MAINTENANCE AND SECURITY
OF ANG MEDICAL AND
DENTAL HEALTH RECORDS**

ANG/SG Directorate position on maintenance and security of Air National Guard Medical and Dental Records. ANG medical and dental records are the property of the U.S. Government. Maintenance and Security of ANG medical/dental records are the responsibility of each ANG Medical Squadron (MDS) Commander. All ANG records will be maintained by the MDS on all members of the MDS's Wing, this includes Geographically Separated Operating Locations (GSOL) unless a there is a local agreement by both entities involved.

NOTE: Entities is defined as the local MDS and the Active Duty Medical Treatment Facility (MTF) or Dental Treatment Facility DTF.

ARC medical/dental records are managed and maintained IAW AFI 41-210, Patient Administration Functions, dated 26 Jul 94. This is verbiage taken directly from 41-210. It is our opinion that this is "very clear", and that the local ANG MDS is mandated by this AFI to maintain and ensure security of all Wing and GSOL member's medical and dental records.

A5.3.3.1. Maintain records for members of ARC units (Category A) with their medical unit or element unless a local agreement exists with the collocated active duty MTF to maintain the records. File the records separately when maintained by the MTF. The military personnel flight (MPF) maintains the unit's records when an ARC unit without their own medical unit or element is not co-located with an active duty MTF.

This is a ANG/SGSE-ANG/SGPS coordinated message. We hope this clarifies this issue, if not contact Mr Vasura, MSgt Waugh or myself.

My Mission Statement: "Here to serve all ANG Medical and Aero medical Units"

JAY A. CLINE SR, SMSgt, USAF
Manager, Executive Services Branch -
ANG/SGSE

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Check out the Credentials/CCQAS and Dental Page
<http://airguard.ang.af.mil/sg/general/CCQAS.htm>

<http://airguard.ang.af.mil/sg/dental/default.htm>

<http://airguard.ang.af.mil/sg/dental/default.htm>

IS YOUR PHYSICAL CURRENT?

All AGR military personnel must have a current physical according to 600-200. Please reference NGR 600-200, Chapter 7, Table 7-2, Rule G, **disqualification: Physical examination**. The soldier does not have a current physical taken within the last 5 years or does not meet medical retention standards. Soldiers who fail or refuse to complete a physical examination per AR 40-501, para 8-19c(4) and (5) may be placed in the ING until they complete the required examination. In a nutshell, military personnel cannot be extended on a new tour without a current physical. Do not let your physical expire and find out that you cannot be extended until a current physical has been completed.

UPDATE ON PRK & LASIK SURGERY

The below information is extracted from the October 2000 Soldiers Magazine:

With only a few exceptions, active-duty soldiers, sailors, airmen and marines are allowed to have their vision corrected with laser eye surgery and not worry about it affecting their careers.

Service officials have been studying photorefractive keratectomy, or PRK, and laser in-situ keratomileusis, commonly called LASIK, the two most common procedures, almost since their outset and are convinced they're safe for military members in most career fields.

PRK involves correcting vision by using a laser to remove surface corneal tissue. In LASIK, the surgeon cuts a flap in the cornea, flips it aside, removes corneal tissue with a laser, and flips the corneal flap back into place.

Army aviators will fail their flight physicals if they have PRK and LASIK

Service members must be evaluated by a medical board after receiving the now-rare radial keratotomy, RK, the first common vision-correction surgical procedure.

The Army is different from the other services in that it's providing PRK free to

certain soldiers, said Dr (LTC) Vernon Parmley, director of the Cornea Service at Madigan Army Medical Center at Fort Lewis, Wash.

Womack Army Medical Center at Fort Bragg, N.C., has been performing free PRK surgery on Active-duty soldiers since June 1. The highest priority there goes to special forces soldiers, rangers and soldiers in some frequently deployed units.

Army medical officials say the service plans to offer the procedure at four more centers by mid-2001. Information on Army policy concerning laser vision correction is found at www.armymedicine.army.mil/armymed/default2.htm.

Click on "News & Media" and then "News releases" to find out more.

WEBSITES OF THE MONTH

MSG James Gawne sent us the website listed below on Survivor Benefit Plans, MSG Gawne states: "This is an excellent web site that clearly (well, as clearly as possible) explains the Survivor Benefit Plan for Active & Reserve Component members. In that it is run by the Air Force, if you use the on-line calculator, you need to know that the "1405 DATE" is the Active Duty Service Date."

<http://www.afpc.randolph.af.mil/sbp/>

CW2 Michael Angelo forwarded this regarding counseling. It goes through how to counsel, techniques and also has the new forms, very useful information.

<http://www.counseling.army.mil/>

Thanks again to Mr Angelo and MSG Gawne for these great websites. If you find a website that you would like to share, sent us an email at judy.carlson@az.ngb.army.mil

HAD ANY CHANGES IN YOUR LIFE LATELY?

Have you moved, got married, new dependant? Be sure that your PAC does a DA 5960 with those changes ASAP and submit it to this office on a SIDPERS T/L. Make sure that you have a copy of your mortgage or rental agreement attached to verify the information if you have moved. BAH is paid based on duty station not HOR, but DFAS requires that you must pay something for living quarters to be entitled to BAH. Federal recognitions and promotions are to be submitted on a MILPAY T/L directly from the PAC. This office does not submit promotion orders, but they are still required to be routed through this office on a SIDPERS T/L. SIDPERS does not drive AGR pay, so even if it shows on the data base, it does not mean that it is input into DFAS unless you see the pay grade increase on your LES.

Change of address for the Air Guard must be done on a AF FM 512. All personal data (new additions, marriage) see your MPF representative.



LES UPDATE

LEs are in and will be forwarded to the PACS ASAP. If any soldier's LES **IS** received erroneously please return it to this office ASAP.

AGR HANDBOOK

If you are new to the AGR program or been around a while there is a lot of valuable information in the AGR Handbook, and it is available by email or

it can be downloaded from the HRO website at <http://www.azng.com/hro>

FAREWELL

This office has to say goodbye to SSG Lisa Angelo who has accepted another position as the Administrative Secretary for soon to be BG Richard Maxon. Lisa did a great job handling all the military personnel TRICARE issues. Best Wishes and Good Luck in your new job!! We will miss you and your snacks.



AGR OFFICE PHONE LISTING

Our office symbol is AZAA-HR-A

SFC Judy Carlson, AGR Staffing
at 602-267-2948

Msgt Barbara Klinger, Air AGR Mgr
at 602-267-2430

COL Richard Palmatier, AGR Mgr
at 602-267-2485

Vacant Benefits Coordinator
at 602-267-2453, please call 602-267-2948 until we get a replacement.

IN MEMORY OF

SGM Gary and Mary Moore

This is something that was received in a Christmas card last year from SGM Moore and we would like to share it with all of you.

Keeping Up with Yesterday?

Our greatest obstacle to "doing what needs to be done" is not careful planning. Though many people have admirable plans and worthy resolutions, we often simply never get around to doing what we have determined to do! We procrastinate. But unfortunately, as Don Marquis has said, "Procrastination is the art of keeping up with yesterday."

Maybe what you have gotten around to doing does not need to be done! Like one person said, "Never put off until tomorrow what you can avoid altogether."

Or maybe you have been thinking that you would like to become less of a procrastinator and just haven't gotten around to it yet. If so, perhaps these words will help:

"He was going to be all that a mortal could be...tomorrow.

None should be stronger or braver than he...tomorrow.

A friend who was troubled and weary he knew,

Who'd be glad of a lift and who needed it, too,

On him he would call to see what he could do...tomorrow.

Each morning he'd stack up the letters he'd write...tomorrow.

And he thought of the friends he would fill with delight...tomorrow.

It was too bad indeed-he was busy each day,

And hadn't a minute to stop on his way;

'More time I'll give to others,' he'd say,...tomorrow.

The greatest of workers this man would have been...tomorrow.

The world would have known him, had he ever seen...tomorrow.

But the fact is he died, and faded from view,

And all that he left here when living was through was a mountain of things he intended to do...tomorrow."

If there is a time and a season for everything, then is today the day to do that thing you have been intending to do?

THIS OFFICE IS GREATLY SADDENED BY THE SUDDEN LOSS OF SFC EDWARD NAVARRO ON THURS 26 OCT. WE WOULD LIKE TO EXPRESS OUR SYMPATHIES TO HIS FAMILY AND FRIENDS. HE WILL BE GREATLY MISSED.



THIS VETERANS DAY, PLEASE BE SURE TO TAKE A MOMENT TO HONOR THOSE 17 SAILORS WHO LOST THEIR LIVES SERVING THIS COUNTRY ABOARD THE USS COLE.



**WISHING EVERYONE
A HAPPY AND
HEALTHY
THANKSGIVING**